## **FORM D**

BEC Mali Mali Processing Section

JAN 07 2008

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

1314642

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden

hours per response ...... 16.00



Washington, DC		SECTION 4(6), Al	ND/OR						
106	UNIFORM		80245B2						
Name of Offering ( ch	eck if this is an amen	dment and name has chang	ged, and indicate c	hange.)	_				
	Bucl	k-A-RooS Holding Corpor							
Filing Under (Check box(es) t	hat apply):	Rule 504 🔲 Rule 505	Rule 506	Rule 4(6)	ULOE				
Type of Filing: New File	ing 🔲 Amendmen								
	<del>_</del>	A. BASIC IDENTIFIC	ATION DATA		<del></del>				
1. Enter the Information requ					7777 AV / AT	ADIT CODY			
Name of Issuer ( check	k if this is an amendm	ent and name has changed	, and indicate char	nge.) BE	SI AVAIL	ABLE COPY			
144	<del></del>	Buck-A-RooS Holding	<del></del>	l <del></del>		ABARA IAA			
Address of Executive Offices	( Vanowen Street, Va	Number and Street, City, S	State, Zip Code)	Telephone N	umbe. ,onom 6-818) 758-6				
Address of Principal Business		Number and Street, City, S	State, Zip Code)	Telephone N	umber (Includin				
(if different from Executive O			, с.р с.с.,		<b></b>	g,			
Brief Description of Business									
Selling food products in bi	alk quantities to prie	ce sensitive institutional p	urchasers, such i	as prisons, mei	ntal bealth facil	ities, food banks			
and governmental agencie	s, as well as to rehail	customers.		•					
Type of Business Organization	n								
⊠ corporation		partnership, already formed	1 🗆 🗈	er (please spec	ify): limited l	<b>HOCESSEE</b>			
business trust		partnership, to be formed			A				
		Month	Year		<del></del>	IAN 1 1 2008			
Actual or Estimated Date of In	corporation or Organ			Actual	Estimated	-11011			
Jurisdiction of Incorporation o				_		THOMSUN			
		N for Canada; FN for other			NV	FINANCIAL			
		tv tor Carlada, Fiv tor Oute	r toreign jarrsolen						
GENERAL INSTRUCTION	S								
Federal: Who Must File: All issuers n et seq. or 15 U.S.C. 77d(6).	naking an offering of	f securities in reliance on a	an exemption und	ler Regulation	D or Section 4(	6), 17 CFR 230.501			
When to File: A notice must	be filed no later than	15 days after the first sale	of securities in th	ne offering A	notice is deeme	d filed with the U.S.			
Securities and Exchange Com									
address after the date on which	it is due, on the date	it was mailed by United St	tates registered or	certified mail t	to that address.				
Where to File: U.S. Securities	and Exchange Comm	nission, 450 Fifth Street, N	.W., Washington,	D.C. 20549.					
Copies Required: Five (5) co signed must be photocopies of	pies of this notice m the manually signed	ust be filed with the SEC, copy or bear typed or print	, one of which me ed signatures.	ust be manuall	y signed. Any	copies not manually			
any changes thereto, the inform	signed must be photocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.								
Filing Fee: There is no federa	l filing fee.	•							
State:									
This notice shall be used to in adopted ULOE and that have a where sales are to be, or have proper amount shall accompan notice constitutes a part of this	dopted this form. Iss been made. If a star y this form. This no	uers relying on ULOE mus te requires the payment of stice shall be filed in the ap	st file a separate no `a fee as a precor	otice with the S adition to the c	Securities Admin Inim for the exc	istrator in each state mption, a fee in the			
		ATTENTI	ON						
Failure to file notice in the	appropriate state	es will not result in a lo	ss of the federa	al exemption.	Conversely,	failure to file the			
appropriate federal notice filing of a federal notice.	will not result in	a loss of an available s	tate exemption	unless such	exemption is j	predicated on the			

	•			
		ATION DATA (Sheet 1)		
2. Enter the information requested for the fol		also 6		
<ul> <li>Each promoter of the issuer, if the issuer</li> <li>Each beneficial owner having the pow</li> </ul>	~	•	, 10% or more of a	class of equity securities of
the issuer.				
Each executive officer and director of	•	porate general and managin	g partners of partne	ersnip issuers; and
Each general and managing partner of	partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	P	D		
Business or Residence Address (Number a	nd Street, City, State, Zip C	David		
·	•	·	C	•
	Roos Holding Corporation, 17			General and/or
Check Box(es) that Apply: Promoter	Beneficial Owner	☑ Executive Officer	Director	Managing Partner
Full Name (Last name first, if individual)	Room	y Baer		
Business or Residence Address (Number a	nd Street, City, State, Zip C			<del> </del>
•		•	ma CA 01/06	
Check Box(es) that Apply: Promoter	RooS Holding Corporation, 17  Beneficial Owner	Executive Officer	Director	☐ General and/or
	Beneficial Owner		M Director	Managing Partner
Full Name (Last name first, if individual)	Karmont	, Larry J.		
Business or Residence Address (Number a	nd Street, City, State, Zip C			
	•	•	CA 01404	
Check Box(es) that Apply: Promoter	Roo\$ Holding Corporation, 17  Beneficial Owner	Executive Officer	Ø Director	General and/or
Chock Box(cs) and reppty.				Managing Partner
Dud-san Dud-san All Ol 1		'eriman		
	nd Street, City, State, Zip Co	•		
	ReoS Holding Corporation, 17			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	<del></del>	<del></del>	<del></del>	Williaging Faidlei
Business or Residence Address (Number a	nd Street, City, State, Zip Co	oda)		
Dasmoss of Residence Madess (Manifest a	ini succi, city, suite, sip co			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
	<del> </del>	····		Managing Partner
Full Name (Last name first, if individual)				
			<u>.</u>	
Business or Residence Address (Number a	nd Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check box(cs) that repply.	- Deliciteia Owlid	CYCCOTAE OTHER	M Duccon	Managing Partner
Full Name (Last name first, if individual)				
Business Decident 444	15-16-20	-1-1		
Business or Residence Address (Number a	nd Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if individual)	<del></del>			Managing Partner
•				
Business or Residence Address (Number a	nd Street, City, State, Zip Co	ode)		
Alex Co.	-had a a 4**	in-al analos - Cabis -t		<del>~</del>
(USC blank	sheet, or copy and use addit	ional copies of this sheet, as	nccessury.)	

				B.	INFORMA	TION AB	OUT OFFI	ERING			<del>- ,,</del>	es No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
I. Has												עם נ
Answer also in Appendix, Column 2, if filing under ULOE.												
2. Wha	2. What is the minimum investment that will be accepted from any individual?										•••	\$25,000
	·											cs No
3. Does the offering permit joint ownership of a single unit?											🗵	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission												
or si	milar remun	eration for :	solicitation	of purchase	ers in conne	ction with	sales of sec	urities in th	e offering.	If a person to	oc oc	
or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may												
						ated are asso	ciated pers	ons of such	a broker o	r dealer, you mi	зу	
	orth the info			or dealer of	iiiy.				<del>_</del> -			
run Na	me (Last nai	me nrsi, n n	naiviauai)									
Dusinas	s or Residen		(1)	2000	Cini State	i de Cada				<del></del>		
Dusmes	s or Kesiden	ce Address	(мильоет	Tanu Succi	, City, State	, Žip Code)						
Name of	f Associated	Broker or D	)ealer									
												·
States in	Which Pers	ion Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Chec	k "All State:	s" or check	individual S	States)		••••••				•••••		All States
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	(CT)	(DE)	[DC]	(FL)		[Н]	(m)
([L] (MT)	(DN) (NE)	[IA] [NV]	(KS) (NH)	[KY] (10)	(LA) (NM)	(ME) (NY)	(MD) (NC)	(MA) (ND)	[MI] (OH)		MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	กั่วไ	נייון	(VT)	ĮVA	[WA]	įwvj		WY]	[PR]
Full Nar	ne (Last nar	ne first, if ir	idividual)									
				10.		n: 0 1 1				<del></del>		
Busines	s or Residen	ce Address	(Number	and Street,	, City, State	, Zip Code)						
Name	f Associated	Deales of T	\I							· · · · · · · · · · · · · · · · · · ·		
Marile O	Associateu	proker or L	Jealer									
States in	Which Pers	on Listed H	as Solicited	l or lutends	to Solicit P	urchasers					·	
						dichasers						☐ All States
,	k "All State								.,	***************************************		<del></del>
[AL] [IL]	(AK) [IN]	(AZ) [[A]	[AR] [KS]	[K.Y]	[CO] [LA]	(CT) (ME)	[DE]	[DC] [MA]	(FL) (MI)		(HI) [MS]	(ID) [MO]
(MT)	(NE)	[NV]	(NH)	[נית]	(NM)	ĺΝΥĴ	(NC)	(DN)	(он) [wv]	(οκ) (wι)	ORj [WY]	[PA] [PR]
(RI) Full Na	(SC) ne (Last nar	(SD) me first, if in	ואד) ndividual)	[(X)]	ប្រា	[VT]	[VA]	[WA]		1"11	** 1]	
	•		,									
Busines	s or Residen	ce Address	(Number	and Street,	City, State	, Zip Code)		<del></del>	-			
Name of	f Associated	Broker or D	ealer					·····			····	
			_									
States in	Which Pers	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Chec	k "All State:	s" or check	individuat S	States)	***************************************					***************************************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	(CT)	' [DE]	(DC)	(FL)		[HI]	(ID)
{f1_}	(IIV)	[1A]	[KS]	[KY]	[l.A]	(ME)	[MD]	[MA]	[M1] [OH]		MS) OR]	[MO] [PA]
(MTI [RJ)	(NE) (SC)	[NV] [SD]	[NH]	[T.C]	[MM] [UT]	[YY] [YT]	[NC] [VA]	[ON] [WA]	[WV]		WYJ	(* ^) (PR)

(Use blank sheat, or copy and use additional copies of this sheet, as necessary.)

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate fering Price		Am	ount Already Sold
	Debt	s	0		s _	0
	Equity	5	1,000,000		\$	875,600
	☑ Co.nmon ☐ Preferred					<del></del>
	Convertible Securities (including warrants)	\$	0_		<b>s</b>	0
	Partnership Interests					0
	Other (Specify)					0
	Total					875,600
	Answer also in Appendix, Column 3, if filing under ULOE.	_				····································
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number nvestors		Do	Aggregate Har Amount Purchases
	Accredited Investors		28		<b>s</b>	875,600
	Non-accredited Investors		0		<b>s</b>	0
	Total (for filings under Rule 504 only)		n/e		<b>s</b>	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of		Da	llar Amount
	Type of offering		Security		Do	Sold
	Rule 505		n/a		<b>s</b>	n/a
	Regulation A		n/a		\$	n/a
	Rule 504		n/a		<b>s</b>	n/a
	Total		n/a		<b>s</b>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			כ	<b>s</b>	
	Printing and Engraving Costs	<b></b>		3	<b>s</b>	
	Legal Fees	********		3	<b>s</b>	5,000
	Accounting Fees	•••••••		)	s	
	Engineering Fees			)		
	Sales Commissions (specify finders' fees suparately)		<u>C</u>	3		
	Other Expenses (identify)		[	כ	s	
	Total		<b>D</b>	3	<b>s</b>	5,000

	C. OFFERING	RICE, NUMBER OF INVESTORS, EXPENSES	AND	USE	OF PROCE	EEDS			
	and total expenses furnished in response to	ete offering price given in response to Part C - Questo Part C - Question 4.a. This difference is the "adj	usted				s		995,000
5.	each of the purposes shown. If the amount check the box to the left of the estimate.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted							
	gross proceeds to the issuer set forth in resp	onse to Part C - Question 4.b. above.		Ó Din	ments to fficers, ectors, &		J	Payme Oth	nts To
	Salaries and fees			\$			\$		
	Purchase of real estate			<b>s</b>			\$		
	Purchase, rental or leasing and installatio	n of machinery and equipment		s	<del></del>	□	\$		······
	Construction or leasing of plant buildings	and facilities		\$			\$		
	Acquisition of other businesses (includi offering that may be used in exchange f pursuant to a merger)	П	•			•			
	,								
									995,000
	<del>-</del> -			·					993,000
			_	•		_			
									20.5.000
			ш	, —	0				
	total Payments Listed (column totals add	led)			⊠ \$		99;	5,000	•
		D. FEDERAL SIGNATURE							
sig	mature constitutes an undertaking by the issi	ned by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange Concredited investor pursuant to paragraph (b)(2) of Ru	omili	ission,					
lss	uer (Print or Type) Buck-A-Roo\$ Holding Corporation	Signature	<i></i>		Date /	2-	3	o-0	17
Na	rme (Print or Type)  David Fox	Title (Print of Type) Chief Executive Officer	•						
		<u> </u>							

		E. STATE SIG	NATURE			
1.	Is any party described in 17 CFR 230.262 pr	esently subject to any of the	disqualification provisions of such	rule?	Yes	No ⊠
		See Appendix, Column 5	, for state response.			
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by s		strator of any state in which this no	ntice is filed, a notic	e on For	m D (17
3.	The undersigned issuer hereby undertakes offerees.	o furnish to the state admin	istrators, upon written request, in	formation furnished	by the	issuer to
4.	The undersigned issuer represents that the Offering Exemption (ULOE) of the state in has the burden of establishing that these con	which this notice is filed and				
	e issuer has read this notification and knows ly authorized person.	he contents to be true and he	as duly caused this notice to be sig	ned on its behalf by	the und	ersigned
Iss	suer (Print or Type)  Buck-A-RooS Holding Corporation	Signature		Date / 2-	.30-	-07
Ni	rme (Print or Type)  David Fox	Title (Print or Type) Chief Executive Officer			_	··· •

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		,	2		PENDIX	4			
	Type of security Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) (Part C-Item 1)  Type of security and aggregate Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2)							5 Disqualificatio under State ULC (if yes, attach explanation o waiver grantec (Part E-Item 1	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				-					
AZ	<del></del>								
AR					<u> </u>				
CA		х	Common Stock/ \$1,000,000	27	\$775,600	0	\$0		х
со									
СТ									
DE					·				·
DC									
FL									
GA									
ні									
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МА							***************************************		
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				AP	PENDIX			<b>y</b>	5
1	Intend to non-a investor	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE								<u> </u>	
NV		:							
NH									
NJ									
NM									
NY		Х	Common Stock/ \$1,000,000	L	\$100,000	0	\$0		х
NC	- 1-11								
ND				- "					•
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OR		٠							
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TN				_					
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UT						'			
VT									
VA							,		
WA									
wv									
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WY							-		
PR									

END